2008 ICD-9-CM Update

4 Oct 07, 0800-0900, 1300-1400 eastern time

Dial In-1-866-866-2244

Participant Code- 6087779#

The TMA UBO Program Manager

Uniform Business Office Program Manager

RHIA, CCS-P, CPC

Sept 2007

Goals

- List the new diagnoses that will most impact your coding
- List the new inpatient institutional procedures that will impact your coding
  - (this is an easy one if you are a professional services coder)
- Know the FREE web sites to check out if you want to know more about a new diagnosis or procedure
- Have a vague idea of “Present on Admission” and “Medicare Severity Adjusted Diagnosis Related Groups (MS-DRG)”

CMS=Procedures; CDC NCHS=Diagnoses

- PROCEDURES http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/03_meetings.asp#TopOfPage
- DIAGNOSES and PROCEDURES http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/06_codes.asp#TopOfPage
- http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/04_addendum.asp#TopOfPage
- http://www.cdc.gov/nchs/about/otheract/icd9/maint/maint.htm
  - Excellent page. This is where you find the information on the diagnoses. Scroll down, and print out the documents. You will need both the 2006 and 2007 as some were discussed in each meeting.

Diagnoses Additions

DIAGNOSIS ADDITIONS	
CODE	**FULL NARRATIVE**
040.41	Infant Botulism
040.42	Wound Botulism
058.10	Roseola Infantum, Unspecified
058.11	Roseola Infantum Due To Human Herpesvirus 6
058.12	Roseola Infantum Due To Human Herpesvirus 7
058.21	Human Herpesvirus 6 Encephalitis
058.29	Other Human Herpesvirus Encephalitis
058.81	Human Herpesvirus 6 Infection
058.82	Human Herpesvirus 7 Infection
058.89	Other Human Herpesvirus Infection
079.83	Parvovirus B19

Botulism

- Botulism 005.1 (Clostridium botulinum)
  - **food poisoning 005.1**
  - **infant 040.41**
  - **non-foodborne 040.42**
  - wound **- see Wound, open, by site, complicated 040.42**

Roseola

- AKA – Exanthema subitum (rash sudden)
- AKA – Roseola infantum or infantilis
- AKA – 6th disease
- NOT real measles (055.0/1/2/7/8/9)
- NOT rubella (3day/German measles) (056.0/7/8/9)
- Previously known as
  - **057.8** Other specified viral exanthemata
- Caused by Human Herpes Virus 6 or 7 (not the cold sore herpes)
- Loves the nerves, can cause encephalitis and other neurological disorders
- A real bummer to get if you are immunosuppressed

Roseola

- Human herpesvirus 6 (HHV-6)
  - Initially called “human B-lymphotropic virus”
  - Primary infection causes roseola infantum or exanthem subitum
  - Reactivation can cause problems in immune suppressed (e.g., AIDS, transplants)
- Human herpesvirus 7 (HHV-7)
  - Primary infection causes roseola infantum

- NOT –
  - HHV-1or 2 herpes simplex (genital herpes)
  - HHV-3 Chicken pox
  - HHV-4 Infectious mononucleosis
  - HHV-5 cytomegalovirus
  - Human herpes virus 8 (HHV-8) Kaposi’s sarcoma-associated herpes virus

Roseola, new and expanded!

058.10	Roseola Infantum, Unspecified
058.11	Roseola Infantum Due To Human Herpesvirus 6
058.12	Roseola Infantum Due To Human Herpesvirus 7
058.21	Human Herpesvirus 6 Encephalitis
058.29	Other Human Herpesvirus Encephalitis
058.81	Human Herpesvirus 6 Infection
058.82	Human Herpesvirus 7 Infection
058.89	Other Human Herpesvirus Infection

Parvovirus B19, previously 057.0

079.83	Parvovirus B19

- AKA – fifth disease
- About 50% of adults were infected as children
  - “Slapped-cheek” rash on face and lacy red rash on trunk and limbs
  - Not very ill, resolves in 7-10 days
- Once recovered, has lasting immunity
- Acute symmetrical polyarthropathy
- Transient aplastic crisis with temporary failure of red blood cell production

- Might be bummer if you get this as an adult – have rash and ill, usually resolve in a week or two, but might last several months
- About 20% of children and adults don’t have any symptoms
- Might cause miscarriage (about 5%), usually in first ½ of pregnancy (no evidence of birth defects or mental retardation) In fetus, can lead to hydrops fetalis, congenital anemia or fetal death in utero

Non-Hodgkin's Lymphomas

- Malignant
- 2007 estimates
  - New cases = 63,190
  - Deaths = 18,660
- Don't have giant Reed-Sternberg cells (characteristic of Hodgkin's disease)
- Initially more widespread than Hodgkins
  - Arises from lymphoid components of immune system
  - Usually painless enlargement of one or more peripheral lymph nodes
- Over 30 subtypes

Non-Hodgkin's Lymphomas

- Was 202.8 Other Lymphomas (with 5th digit)
- Now Marginal Zone, Mantel Cell, Primary Central Nervous System, Aplastic Large Cell, Large Cell, and Peripheral T Cell (with 5th digit)

200.30	**Marginal Zone Lymphoma**, Unspecified Site, Extranodal And Solid Organ Sites
200.31	Marginal Zone Lymphoma, Lymph Nodes Of Head, Face, And Neck
200.32	Marginal Zone Lymphoma, Intrathoracic Lymph Nodes
200.33	Marginal Zone Lymphoma, Intra-Abdominal Lymph Nodes
200.34	Marginal Zone Lymphoma, Lymph Nodes Of Axilla And Upper Limb
200.35	Marginal Zone Lymphoma, Lymph Nodes Of Inguinal Region And Lower Limb
200.36	Marginal Zone Lymphoma, Intrapelvic Lymph Nodes
200.37	Marginal Zone Lymphoma, Spleen
200.38	Marginal Zone Lymphoma, Lymph Nodes Of Multiple Sites
200.40	**Mantle Cell Lymphoma**, Unspecified Site, Extranodal And Solid Organ Sites
200.50	**Primary Central Nervous System Lymphoma**, Unspecified Site, Extranodal And Solid Organ Sites
200.60	**Anaplastic Large Cell Lymphoma**, Unspecified Site, Extranodal And Solid Organ Sites
200.70	**Large Cell Lymphoma**, Unspecified Site, Extranodal And Solid Organ Sites
202.70	**Peripheral T Cell Lymphoma**, Unspecified Site, Extranodal And Solid Organ Sites

Carcinoma in situ – Vagina, vulva, other

- Was 233.3 Carcinoma in situ of breast and GU system - Other and unspecified female genital organs

233.30	Carcinoma In Situ, Unspecified Female Genital Organ
233.31	Carcinoma In Situ, Vagina
233.32	Carcinoma In Situ, Vulva
233.39	Carcinoma In Situ, Other Female Genital Organ

Glucocorticoid and Mineralocorticoid Deficiency

- Was 255.4 Corticoadrenal insufficiency
- Problem with decreased adrenal cortex function
  - Glucocorticoid Deficiency –
    - Addison's disease - adrenals do not produce enough cortisol, which causes glucocorticoid deficiency
    - Malaise, loss of appetite, orthostatic hypotension, weight loss, anemia, hyperpigmentation
  - Mineralocorticoid Deficiency – hyponatremia, hyperkalemia, mild metabolic acidosis

255.41	Glucocorticoid Deficiency
255.42	Mineralocorticoid Deficiency

Multiple Endocrine Neoplasia (MEN type I, type IIA, and type IIB)

- AKA “multiple endocrine adenomatosis” and AKA “familial endocrine adenomatosis”
- Was
  - Wermer’s syndrome [MEN type I] is indexed in ICD-9-CM to code 258.0 Polyglandular activity in multiple endocrine adenomatosis
  - Sipple’s syndrome [MEN type IIA] is indexed to code 193, Malignant neoplasm of thyroid gland
- Familial diseases – involve adenomatous hyperplasia and malignant tumor formation in several endocrine glands
- Appears in infants and all ages (as old as 70 is recorded)
- MEN I – tumors of the parathyroid glands, pancreatic islet cells, pituitary, kidney stones, pepticulcer disease
- MEN IIA – medullary carcinoma of the thyroid, pheochromocytomas, hyperparathyroidism, medullary thyroid cancer
- MEN IIB – like IIA, but with added feature of mucosal neuromas

Multiple Endocrine Neoplasia (MEN type I, type IIA, and type IIB)

258.01	Multiple Endocrine Neoplasia [MEN] Type I
258.02	Multiple Endocrine Neoplasia [MEN] Type IIA
258.03	Multiple Endocrine Neoplasia [MEN] Type IIB
V18.11	Family History Of Multiple Endocrine Neoplasia [MEN] Syndrome
V18.19	Family History Of Other Endocrine And Metabolic Diseases
V84.81	Genetic Susceptibility To Multiple Endocrine Neoplasia [MEN]
V84.89	Genetic Susceptibility To Other Disease

Red Cell Aplasia

- RBC precursors in bone marrow nearly absent, while megakaryocytes and WBC precursors usually at normal levels
- Different than aplastic anemia
- Can be acute self limiting or chronic due to underlying disorders such as thymomas and autoimmune diseases
- Usually self-limited so limited mortality
- No observed racial patterns, more females affected
- Was 284.8, now 5th digits

284.81	Red Cell Aplasia (Acquired)(Adult)(With Thymoma)
284.89	Other Specified Aplastic Anemias

Bandemia

- Has nothing to do with musical instruments
- White blood cell count may be normal, but there is an excess of immature white blood cells (band cells).
- Frequent in cases of bacterial infection
- Was 288.69 Other elevated WBC count

288.66	Bandemia

Speech And Language Developmental Delay Due To Hearing Loss

- Applies to both acquired (e.g., chronic OM) and congenital hearing loss

315.34	Speech And Language Developmental Delay Due To Hearing Loss

Idiopathic Normal Pressure Hydrocephalus (INPH)

- Treatable disorder of gait impairment, subcortical dementia, urinary urgency, incontinence associated with impaired cerebrospinal fluid (CSF) circulation and ventriculomegaly
  - Results in disruption of CSF circulation
  - Was 331.3
  - Needs all 3 – cognitive, gait and urinary problems to identify
  - Shunt will improve the symptoms

331.5	Idiopathic Normal Pressure Hydrocephalus (INPH)

Myotonic Muscular Dystrophy

- Myotonic Muscular Dystrophy – AKA: Steinert's Disease
- Affects approximately 1 in 8,000 people
- Progressive muscle weakness and wasting and myotonia (difficulty relaxing muscles after they have contracted)
- Dominate genetic disease passed to children of either gender (long arm of chromosome 19)
- Most diagnosed by their early 20s
- Symptoms become more severe in succeeding generations, and appears at a younger age

Congenital Myotonia

- Congenital Myotonia – AKA Thomsen Disease
  - Genetic, either autosomal dominate or autosomal recessive
  - Believed to be a problem with the chloride channels in the muscle cells
  - Only affects voluntary muscles
  - Drugs may relieve symptoms, no known cure
  - Not fatal

Myotonic Chondrosystrophy

- Rare congenital disease that causes myotonia, muscular hypertrophy, joint and long bone abnormalities, and weakness
- AKA Schwartz-Jampel Disease

359.21	Myotonic Muscular Dystrophy
359.22	Myotonia Congenita
359.23	Myotonic Chondrodystrophy
359.24	Drug Induced Myotonia
359.29	Other Specified Myotonic

Intraoperative Floppy Iris Syndrome

- For patients that have used an alpha-blocker (e.g., for urine retention as in prostatic hypertrophy, some names Flomax, Cardura, Hytrin, Uroxatral), sometimes during cataract surgery, there is poor pupil dilation, the iris does not say open and “flops” or billows, or can prolapse into the main or side incisions
- If it moves unexpectedly during surgery, it could be cut accidentally so now surgeons use stronger dilators or miniature hooks to keep the iris out of the way

364.81	Floppy Iris Syndrome
364.89	Other Disorders Of Iris And Ciliary Body

Acquired Auditory Processing Disorder

- Refers to difficulties in processing auditory frequency, intensity, and temporal information in the central nervous system
- Can be acquired by tumors, head injury, surgical mishaps, stroke, bacterial or viral infections or oxygen deficiency

388.45	Acquired Auditory Processing Disorder

Hearing Loss – More Specifics

388.45	Acquired Auditory Processing Disorder
389.05	Conductive Hearing Loss, Unilateral
389.06	Conductive Hearing Loss, Bilateral
389.13	Neural Hearing Loss, Unilateral
389.17	Sensory Hearing Loss, Unilateral
389.20	Mixed Hearing Loss, Unspecified
389.21	Mixed Hearing Loss, Unilateral
389.22	Mixed Hearing Loss, Bilateral

Chronic total occlusion of coronary artery

- As arteries occlude, usually collateral flows are developed
- Chronic total occlusion of coronary artery occurs, limiting activities
- Good to open the occluded artery, usually takes a drug eluting stent
- Needs own code as more difficult than partially occluded

414.2	Chronic Total Occlusion Of Coronary Artery

Septic Pulmonary Embolism

- Embolic blood clot that blocks a vessel in the lung also has microorganisms that cause an abscess to form in the lung
  - Need to have an active infection outside of the lung which could have generated the embolism
  - Patient has insidious onset of fever, respiratory symptoms and lung infiltrates
  - Usually resolves with appropriate antimicrobial therapy
  - Risk factors: IV drug use, indwelling catheters and other devices, immunocompromised

415.12	Septic Pulmonary Embolism

Cardiac Tamponade

- Mechanical compression of the heart resulting from large amounts of fluid (usually blood) collecting in the pericardial space and limiting the heart's normal range of motion
- AKA – Pericardial tamponade (smash, as in smashing the heart)
- Untreated – low blood pressure, shock, death

423.3	Cardiac Tamponade

Chronic total occlusion of artery of extremity

- Symptoms: intermittent claudication (leg pain with exercise); then as it gets worse there will be resting leg pain
- Due to collateral circulation, there may be no pain
- Due to the clot having a hard proximal cap (which may be calcified), then fibrous material, ending in a firm terminal cap, it is more difficult to stent

440.4	Chronic Total Occlusion Of Artery Of The Extremities

Septic Arterial Embolism

- Not just the lungs, but all over
  - Mesenteric
  - Uterine
- Majority of peripheral arterial embolisms have underlying cardiac cause (e.g., infective endocarditis)
- Very rarely due to gun shot wounds

Influenza due to Identified Avian Influenza Virus

- H5, H7 have been identified in poultry in USA
- H5N1 caused disease in Asia in 1997
  - Generally associated with close human contact
- Here to track cases if it happens in the USA

488	Influenza Due To Identified Avian Influenza Virus

Dental Implant Failures

- Pre-osseointegration failure- usually due to implanting into poor quality bone (e.g., bone that was previously irradiated), hemorrhagic complications, and iatrogenic causes
- Post-osseointegration failure –
  - Biological – periodontal infection caused by poor oral hygiene, lack of attached gingiva or occlusal trauma
  - Mechanical – failure of the implant itself

525.71	Osseointegration Failure Of Dental
525.72	Post-Osseointegration Biological Failure Of Dental Implant
525.73	Post-Osseointegration Mechanical Failure Of Dental Implant
525.79	Other Endosseous Dental Implant

Anal Sphincter Tear (healed) (old)

- Right now, only code if have third degree lacerations, but there can be problems just with the tear
- Subsequent deliveries
- Fecal incontinence
- Used for non-gravid patients

569.43	Anal Sphincter Tear (Healed) (Old)

Used for gravid patients

664.60	Anal Sphincter Tear Complicating Delivery, Not Associated With Third-Degree Perineal Laceration, Unspecified As To Episode Of Care Or Not Applicable
664.61	Anal Sphincter Tear Complicating Delivery, Not Associated With Third-Degree Perineal Laceration, Delivered, With Or Without Mention Of Antepartum Condition
664.64	Anal Sphincter Tear Complicating Delivery, Not Associated With Third-Degree Perineal Laceration, Postpartum Condition Or Complication

Vulvar Intraepithelial Neoplasia

- Requested to mirror the cervical intraepithelial neoplasia I and II (CIN I) (CIN II)

624.01	Vulvar Intraepithelial Neoplasia I [Vin I]
624.02	Vulvar Intraepithelial Neoplasia II [Vin II]
624.09	Other Dystrophy Of Vulva

Also a new, helpful personal history code

V13.22	Personal History Of Cervical Dysplasia

Acquired Absence of Uterus and/or Cervix

- No space to add to V45.77
- Needed to track for Pap smear necessity
- Even without cervix, still need vaginal smears
- Even with hysterectomy, if there is a cervical stump, still need cervical Pap smear

Did not make the cut!

623.82	Acq abs both uterus & cervix
629.83	Acq abs uterus, remn cervical stump
629.84	Acquired absense of cervic with remaining uterus

Osteonecrosis/Aseptic Necrosis of the Jaw Bone

- Osteonecrosis – any patient who has not received radiation therapy to the oral cavity or neck, and who has exposed bone in the maxillofacial area that occurred spontaneously or following dental surgery and has no evidence of healing for more than 3-6 weeks after appropriate care
- Possible relationship between osteonecrosis of jaw and use of bisphosphonates
- Needed code to be able to collect data to tell
- Use e-code to tell drug
  - E933.6 Oral bisphosphonates
  - E933.7 Intravenous bisphosphonates

733.45	Aseptic Necrosis Of Bone, Jaw

Dysphagia – disorder of swallowing

- Oral phase – impaired structure/ physiology of palate, tongue, lips, cheeks
- Oropharyngeal phase – impaired structure/ physiology of tongue base and pharyngeal walls
- Pharyngeal phase – impaired structure/ physiology of pharynx and larynx
- Pharynoesophageal phase – impaired structure/ physiology of upper esophageal sphincter
- Need for clarification, definitive diagnoses, and efficiency of treatment planning

787.20	Dysphagia, Unspecified
787.21	Dysphagia, Oral Phase
787.22	Dysphagia, Oropharyngeal Phase
787.23	Dysphagia, Pharyngeal Phase
787.24	Dysphagia, Pharyngoesophageal Phase
787.29	Other Dysphagia

Malignant Ascites

- Currently defaults to 197.6 Secondary malignant neoplasm of retroperitoneum and peritoneum.
- But – could be due to primary ovarian malignancy
- Remember, code symptoms if not always associated with disease/condition

789.51	Malignant Ascites
789.59	Other Ascites

Infection Due to: Central Venous Catheter Infusion, Injection, Vaccination

999.31	Infection Due To Central Venous Catheter
999.39	Infection Following Other Infusion, Injection, Transfusion, Or Vaccination

Histories of Cardiac Issues

- Heart disease causes close to 70,000 deaths in USA annually
- Heart disease includes ischemic heart disease, heart failure, hypertensive heart disease, conduction disorders or arrhythmias, cardiomyopathy, valvular heart disease
- When a patient survives sudden cardiac death, the diagnosis is more specifically sudden cardiac arrest.

V12.53	Personal History Of Sudden Cardiac Arrest
V12.54	Personal History Of Transient Ischemic Attack (TIA), And Cerebral Infarction Without Residual Deficits
V17.41	Family History Of Sudden Cardiac Death (Scd)
V17.49	Family History Of Other Cardiovascular Diseases

Family History of Bladder Cancer

- Annually 38,000 men and 15,000 women are diagnosed with bladder cancer
- Common presenting symptom – hematuria
- Underlying conditions:
  - UTI, benign prostatic hypertrophy, kidney and ureteral calculi
- Risk factors: smoking, voiding dysfunction, personal history of irradiation
- Generally associated with environmental factors, there may be some familial sensitivity to causative agents
  - Chemicals, dyes, arsenic

V16.52	Family History Of Malignant Neoplasm, Bladder

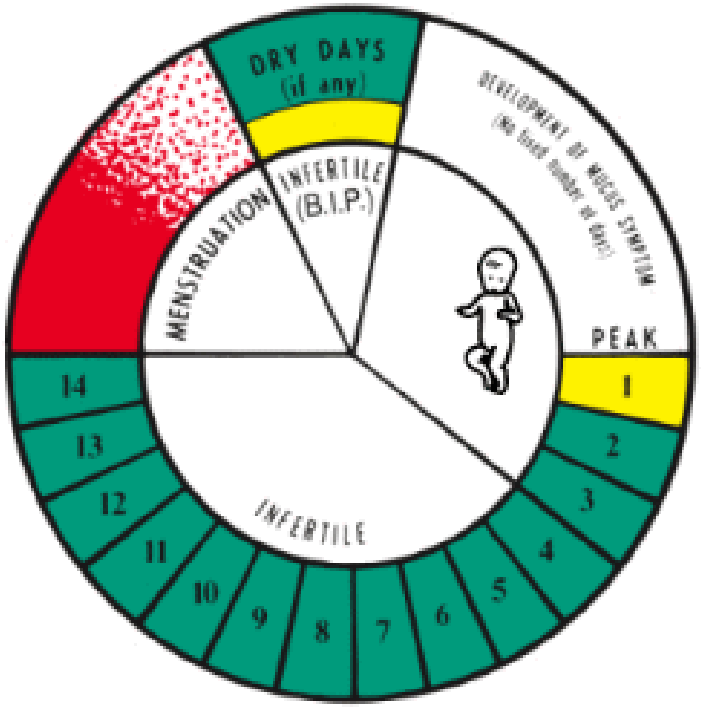
Natural Family Planning

- Includes:
  - Billings Ovulation Method
  - Creighton Model Fertility Care System
  - Standard Days Method
  - Two-Day Method
  - Sympto-thermal Method

V25.04	Counseling And Instruction In Natural Family Planning To Avoid Pregnancy
V26.41	Procreative Counseling And Advice Using Natural Family Planning
V26.49	Other Procreative Management, Counseling And Advice
V26.81	Encounter For Assisted Reproductive Fertility Procedure Cycle
V26.89	Other Specified Procreative Management

http://www.billings-centre.ab.ca/

Billings Ovulation Method



Simple, Natural, Effective

Click to Enter

Dual Sensory Impairment

- Deaf-blindness – AKA multi-sensory impairment
- Due to both sight and hearing impairment, cannot use the second sense to compensate for the other impaired sense
- Much more difficult for these patients

V49.85	Dual Sensory Impairment

Disability Exam

- Increase specificity

V68.01	Disability Examination
V68.09	Other Issue Of Medical Certificates

Hearing Screening

- Increase specificity

V72.12	Encounter For Hearing Conservation And Treatment

Screening for HPV

- Increase specificity

V73.81	Special Screening Examination, Human Papillomavirus (HPV)

External Causes of Injury

- Exposure (weather) (conditions) (rain) (wind) E904.3
- **environmental**
  - **to**
    - **algae bloom E928.6**
    - **blue-green algae bloom E928.6**
    - **brown tide E928.6**
    - **cyanobacteria bloom E928.6**
    - **Florida red tide E928.6**
    - **harmful algae**
      - **and toxins E928.6**
      - **bloom E928.6**
    - **pfisteria piscicida E928.6**
    - **red tide E928.6**

Whew – through the diagnoses

- Now for the inpatient procedures

Vol 3 Procedures

00.19	Disruption Of Blood Brain Barrier Via Infusion [BBBD]
00.94	Intra-Operative Neurophysiologic Monitoring
01.10	Intracranial Pressure Monitoring
01.16	Intracranial Oxygen Monitoring
01.17	Brain Temperature Monitoring
07.83	Thoracoscopic Partial Excision Of Thymus
07.84	Thoracoscopic Total Excision Of Thymus
07.95	Thoracoscopic Incision Of Thymus
07.98	Other And Unspecified Thoracoscopic Operations On Thymus

Vol 3 Procedures

32.20	Thoracoscopic Excision Of Lesion Or Tissue Of Lung
32.30	Thoracoscopic Segmental Resection Of Lung
32.39	Other And Unspecified Segmental Resection Of Lung
32.41	Thoracoscopic Lobectomy Of Lung
32.49	Other Lobectomy Of Lung
32.50	Thoracoscopic Pneumonectomy
32.59	Other And Unspecified Pneumonectomy
33.20	Thoracoscopic Lung Biopsy
34.06	Thoracoscopic Drainage Of Pleural Cavity
34.20	Thoracoscopic Pleural Biopsy
34.52	Thoracoscopic Decortication Of Lung

Vol 3 Procedures

50.13	Transjugular Liver Biopsy
50.14	Laparoscopic Liver Biopsy
70.53	Repair Of Cystocele And Rectocele With Graft Or Prosthesis
70.54	Repair Of Cystocele With Graft Or Prosthesis
70.55	Repair Of Rectocele With Graft Or Prosthesis
70.63	Vaginal Construction With Graft Or Prosthesis
70.64	Vaginal Reconstruction With Graft Or Prosthesis
70.78	Vaginal Suspension And Fixation With Graft Or Prosthesis
70.93	Other Operations On Cul-De-Sac With Graft Or Prosthesis
70.94	Insertion Of Biological Graft
70.95	Insertion Of Synthetic Graft Or Prosthesis

Vol 3 Procedures

84.80	Insertion Or Replacement Of Interspinous Process Device(S)
84.81	Revision Of Interspinous Process Device(S)
84.82	Insertion Or Replacement Of Pedicle-Based Dynamic Stabilization Device(S)
84.83	Revision Of Pedicle-Based Dynamic Stabilization Device(S)
84.84	Insertion Or Replacement Of Facet Replacement Device(S)
84.85	Revision Of Facet Replacement Device(S)
88.59	Intra-Operative Fluorescence Vascular Angiography
92.41	Intra-Operative Electron Radiation Therapy

Gastric Antral Vascular Ectasia (GAVE)

- **Watermelon stomach 537.82**
  - **with hemorrhage 537.83**
  - **without hemorrhage 537.82**
- Gastric (stomach)
- Antral (the end part of the stomach)
- Vascular (blood vessel)
- Ectasia (dilated blood vessels

ICD-9-CM Table of Drugs and Chemicals Addenda (FY08) Effective October 1, 2007 ICD-9-CM

-
- Therapeutic Suicide Undeter-
- Substance Poisoning Accident Use Attempt Assault mined
- **Alpha-1 blockers 971.3 E855.6 E941.3 E950.4 E962.0 E980.4**
- **Bisphosphonates**
- **intravenous 963.1 E858.1 E933.7 E950.4 E962.0 E980.4**
- **oral 963.1 E858.1 E933.6 E950.4 E962.0 E980.4**
- **Flomax 971.3 E855.6 E941.3 E950.4 E962.0 E980.4**
- **Tamsulosin 971.3 E855.6 E941.3 E950.4 E962.0 E980.4**

DoD Extender – Reaction to Vascular Device, Implant and Graft

CODE	250 Narrative	
996.62 0	Infection And Inflammatory Reaction Due To Vascular Device, Implant, And Graft, NOS	0 RXN,VASCULAR DEVICE NOS
996.62 1	Infection And Inflammatory Reaction Due To Vascular Device, Implant, And Graft, Jugular Vein	1 RXN,VASCULAR DEVICE JUGULAR V
996.62 2	Infection And Inflammatory Reaction Due To Vascular Device, Implant, And Graft, Subclavian Vein	2 RXN,VASCULAR DEVICE SUBCLAVN V
996.62 3	Infection And Inflammatory Reaction Due To Vascular Device, Implant, And Graft, Femoral Vein	3 RXN,VASCULAR DEVICE FEMORAL V
996.62 4	Infection And Inflammatory Reaction Due To Vascular Device, Implant, And Graft, Other Specified Vein	4 RXN,VASCULAR DEVICE OTHER VEIN
996.62 5	Infection And Inflammatory Reaction Due To Vascular Device, Implant, And Graft, Vein Nos	5 RXN,VASCULAR DEVICE VEIN NOS

DoD Extender Traumatic Brain Injury

V15.5 0	Other Personal History Presenting Hazards To Health, Other	0 PERSONAL HX,INJURY,HLTH HAZARD
V15.5 1	Personal History Of Traumatic Brain Injury (TBI),Global War On Terrorism (Gwot) Related,Unknown Level Of Severity	1 TBI,PERSONAL HX,GWOT,UKN LEVEL
V15.5 2	Personal History Of Traumatic Brain Injury (TBI),Global War On Terrorism (Gwot) Related,Highest Level Of Severity Mild (Glasgow Coma Scale 13-15),Loc<1hr,Post Trauma Amnesia<24hr	2 TBI,PERSONAL HX,GWOT,MILD
V15.5 3	Personal History Of Traumatic Brain Injury (TBI),Global War On Terrorism (Gwot) Related,Highest Level Of Severity Moderate (Glasgow Coma Scale 9-12),Loc 1-24 Hrs,Post Trauma Amnesia **2-7** Days	3 TBI,PERSONAL HX,GWOT,MODERATE
V15.5 4	Personal History Of Traumatic Brain Injury (TBI),Global War On Terrorism (Gwot) Related,Highest Level Of Severity Severe (Glasgow Coma Scale 3-8),Loc >24hrs,Post Trauma Amnesia >**7** Days	4 TBI,PERSONAL HX,GWOT,SEVERE
V15.5 5	Personal History Of Traumatic Brain Injury (TBI),Global War On Terrorism (Gwot) Related,Penetrating Intracranial Wound (No Level Of Severity Assigned)	5 TBI,PERSONAL HX,GWOT,PENETRATG
V15.5 6	Personal History Of Traumatic Brain Injury (TBI), Not Gwot Related, Unknown Level Of Severity	6 TBI,PERSONAL HX,NON-GWOT,UKN
V15.5 7	Personal History Of Traumatic Brain Injury (TBI),Not Related To Global War On Terrorism (Gwot),Highest Level Of Severity Mild (Glasgow Coma Scale 13-15),Loc<1hr,Post Trauma Amnesia<24hr	7 TBI,PERSONAL HX,NON-GWOT,MILD

DoD Extender Traumatic Brain Injury

V15.5 8	Personal History Of Traumatic Brain Injury (TBI),Not Related To Global War On Terrorism (Gwot),Highest Level Of Severity Moderate (Glasgow Coma Scale 9-12),Loc 1-24 Hrs,Post Trauma Amnesia **2-7** Days	8 TBI,PERSONAL HX,NON-GWOT,MODER
V15.5 9	Personal History Of Traumatic Brain Injury (TBI),Not Related To Global War On Terrorism (Gwot),Highest Level Of Severity Severe (Glasgow Coma Scale 3-8),Loc >24hrs,Post Trauma Amnesia >**7** Days	9 TBI,PERSONAL HX,NON-GWOT,SEVER
V15.5 A	Personal History Of Traumatic Brain Injury (TBI),Not Related To Global War On Terrorism (Gwot),Penetrating Intracranial Wound (No Level Of Severity Assigned)	A TBI,PERSONAL HX,NON-GWOT,PENET
V15.5 B	Personal History Of Traumatic Brain Injury (TBI), Unknown If Gwot Related, Unknown Severity Level	B TBI,PERSON HX,UKN IF GWOT,UKN
V15.5 C	Personal History Of Traumatic Brain Injury (TBI),Unknown If Related To Global War On Terrorism (Gwot),Highest Level Of Severity Mild (Glasgow Coma Scale 13-15),Loc<1hr,Post Trauma Amnesia<24hr	C TBI,PERSON HX,UKN IF GWOT,MILD
V15.5 D	Personal History Of Traumatic Brain Injury (TBI),Unknown If Related To Global War On Terrorism (Gwot),Highest Level Of Severity Moderate (Glasgow Coma Scale 9-12),Loc 1-24 Hrs,Post Trauma Amnesia **2-7** Days	D TBI,PERSON HX,UKN IF GWOT,MODE
V15.5 E	Personal History Of Traumatic Brain Injury (TBI),Unknown If Related To Global War On Terrorism (Gwot),Highest Level Of Severity Severe (Glasgow Coma Scale 3-8),Loc >24hrs,Post Trauma Amnesia >**7** Days	E TBI,PERSON HX,UKN IF GWOT,SEVE
V15.5 F	Personal History Of Traumatic Brain Injury (TBI), Unknown If Related To Global War On Terrorism (Gwot),Penetrating Intracranial Wound (No Level Of Severity Assigned)	F TBI,PERSON HX,UNK IF GWOT,PENE

DoD Extender Case Management

V49.89 0	Other Specified Conditions Influencing Health Status	0 OTHER SPECIFIED HEALTH IMPACT
V49.89 1	Other Specified Condition, Not Case Management	1 OTHER HLTH IMPACT,NOT CASE MGT
V49.89 2	Case Management Start	2 CASE MANAGEMENT START
V49.89 3	Case Management Continue	3 CASE MANAGEMENT CONTINUE
V49.89 4	Case Management End	4 CASE MANAGEMENT END
V49.89 9	Case Management, Other And Unspecified	9 CASE MANAGEMENT, NEC AND NOS

DoD Extender

V70.5 G	Other Specified Exam Of Defined Population, Other	G OTHER EXAM,DEFINED POPULATION

Present on Admission

- Not being collected in MHS at this time
  - Even if collected in CCE, there is no field to collect the data for each diagnosis in CHCS or ADM
- Not being used by TMA Managed Care

- If you need to bill CMS to obtain a denial so another insurer pays, or to bill CMS for a non-eligible beneficiary who is Medicare, then need to understand how to submit the UB04.

Present on Admission

- **Policy:** In order to group diagnoses into the proper DRG, CMS needs to capture a POA indicator for all claims involving inpatient admissions to general acute care hospitals.
- Use the UB-04 Data Specifications Manual and the ICD-9-CM Official Guidelines for Coding and Reporting to facilitate the assignment of the POA indicator for each “principal” diagnosis and “other” diagnoses codes reported on claim forms UB-04 and 837 Institutional.
- The law requires that these POA indicators be reported on all claims for inpatient admissions to general acute care hospitals with discharge dates on or after October 1, 2007.

Present on Admission

- **General Reporting Requirements**
  - • All claims involving inpatient admissions to general acute care hospitals or other facilities that are subject to a law or regulation mandating collection of present on admission information.
  - • Present on admission is defined as present at the time the order for inpatient admission occurs -- conditions that develop during an outpatient encounter, including emergency department, observation, or outpatient surgery, are considered as present on admission.
  - • POA indicator is assigned to principal and secondary diagnoses (as defined in Section II of the Official Guidelines for Coding and Reporting) and the external cause of injury codes.
  - • Issues related to inconsistent, missing, conflicting or unclear documentation must still be resolved by the provider.
  - • If a condition would not be coded and reported based on Uniform Hospital Discharge Data Set definitions and current official coding guidelines, then the POA indicator would not be reported.
  - • CMS does not require a POA indicator for the external cause of injury code unless it is being reported as an “other diagnosis”.

Present on Admission

- Y = Yes = present at the time of inpatient admission
- N = No = not present at the time of inpatient admission
- U = Unknown = the documentation is insufficient to determine if the condition was present at the time of inpatient admission
- W = Clinically Undetermined = the provider is unable to clinically determine whether the condition was present at the time of inpatient admission or not
- 1 = Unreported/Not used – Exempt from POA reporting - This code is the equivalent code of a blank on the UB-04, however, it was determined that blanks were undesirable when submitting this data via the 4010A1.

Present on Admission

- As an example, segment K3 might read as follows: “POAYNUW1YZ”. It would represent the POA indicators for a claim with 1 principal and 5 secondary diagnoses. No more, no less.
  - The principal diagnosis was POA.
  - The first secondary diagnosis was not POA.
  - It was unknown if the second secondary diagnosis was POA.
  - It is clinically undetermined if the third secondary diagnosis was POA.
  - The fourth secondary diagnosis was exempt from reporting for POA.
  - The fifth secondary diagnosis was POA.

Medicare Severity Adjusted Diagnosis Related Groups (MS-DRG)

- Not being used by MHS or Managed Care at this time, still use MHS DRGs
- Will need to understand to assign DRG for Medicare billing
  - Again used if need denial or if billing of non-eligible beneficiary
- Now we will really find out if based on documentation, a hospital's patients really are "sicker"

Questions